

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025807

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 6

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 12 1962

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEAR PIEDMONT</u>		Length of stay in 1b <u>30 DAYS</u>	c. CITY OR TOWN <u>CREVE COURE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>✓</u>

3. NAME OF DECEASED (Type or print) First <u>BERNELL</u> Middle <u>RUBLE</u> Last <u>RUBLE</u>			4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-1947</u>	9. AGE (last birthday) <u>15</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT + GARDNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STUDENT + GARDNER</u>		11. BIRTHPLACE (City and state or country) <u>IRONTON, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>BERLIN RUBLE</u>		13b. MOTHER'S MAIDEN NAME <u>RUBY ANN STEVENSON</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>			16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT <u>BERLIN RUBLE</u> Address <u>CREVE COURE, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>SUFFOCATION</u>		<u>163 min</u>
DUE TO (b) <u>ACCIDENTAL DROWNING.</u>		
DUE TO (c) <u>✓</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SWIMMING ACCIDENT</u>	
20c. TIME OF INJURY Hour <u>8:15</u> <input checked="" type="radio"/> a.m. <input type="radio"/> p.m. Month, Day, Year <u>7-1-1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STILLING BASIN CLEARWATER LAKE</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>PIEDMONT WAYNE MO</u>	
21. I attended the deceased from <u>8:15</u> to <u>9</u> and last saw her alive on <u>8</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Marvin E. Bowles, Coroner</u>		22b. ADDRESS <u>Piedmont, Mo</u>		22c. DATE SIGNED <u>7-3-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-3-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUTTON CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>VULCAN MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>GISH PIEDMONT, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>7-3-62</u>		26. REGISTRAR'S SIGNATURE <u>Sheila Louloue</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 1110
 2 4019
 3
 4 0
 5 0
 6
 7 0
 8 2
 9 99298
 10 42
 11 111
 12 91-3
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON
 ITEM NO. SHOULD READ BY AFFIDAVIT OF

JUL 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student Thomas J. ...
Signature of Student Embalmer

Signed Martin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Dickmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.